SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number **Contact Number**

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	06/05/2019 17:01
Date Of Accident	05/05/2019 13:15
Exact Location Of Accident	ALONG TELOK BLANGAH HEIGHTS BLK 88A MSCP
Country/State of Loss	SINGAPORE
В	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM730R
Insured/Policyholder	
Name Of Registered Owner	LOH NGIAP HIN
NRIC No	S0133640A
Email Address	CROSSLINK@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91443543
Alternative Phone No	OTHERS-91443543
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA339275/1
Cover Note Number	29/03/2019 - 28/03/2020
Driver	
Name of Driver	LOH NGIAP HIN
NRIC No	S0133640A
Date Of Birth	16/08/1948
Occupation	INDOOR
Date Of Driving Pass	18/01/1973
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65 01443543

(LOCAL) +65-91443543

CROSSLINK@SINGNET.COM.SG

OTHERS-91443543

Address 21 LORONG LEW LIAN

#04-02

2

NO

NO

3

NO

NO

Postcode 536467

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Number of Passengers (including Driver)

Passenger 1 NAME: : LOW FOOK MENG

GENDER: : MALE

Passenger 2 NAME: : LOW NGIAP WAH

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: PASS TO OWN WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9982G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver WONG SIEW MENG

NRIC/Passport Number S1600938E Contact Number 96937962

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud. regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Name:

NRIC/FIN No.:

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el's Signature

SKETCH PLAN	mult	; - story		
7e101< Blan	gah Heights	car par	r	
				ASLM 730R
				B.SHA 9982G
			\rightarrow	
DESCRIBE CIRCUMSTANCES OF TH				
On 05/05/2019	@ 13.18hrs	I was	driving	e my
behical A (SI	M 150/2 2/0	ng Tru	ariv.	o way of
Block 88A C	MSCP) of	Telok B	lango	ch Heights
م ا				
and was h				
which dashe	ed out o	f the	Par	King Cot
at Level 3				
My Car sus	tained dam	ages	on 7	the whole
1sft side,	portion			
That is a	// ,			
DECLARATION I/We declare the foregoing particulars a	are true in every respect.			
1			ps	107
Policyholder's Signature	Driver's Signature		Reporting	Pare Carlo
Date & Time: 6/5/19	(If driver is not the policyholde Date & Time:	r)	Name: NRIC/FIN No.	and Pershariel's Signature

NRIC/FIN NO. ANYO







Certificate number

Chassis number

Engine number

AXA Insurance Pte Ltd 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740

 \boxtimes customer.care@axa.com.sg www.axa.com.sg

Certificate of Insurance

account number 11618

SJNFEAJ11U1906026

GA339275 / 1

HRA2396373A

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 -Road Transport Act. 1987 (Malaysia) -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name LOH NGIAP HIN Cover Comprehensive

Plan name Flexi NCD applicable

Vehicle registration number SLM730R

Period of Insurance from 29/03/2019 to 28/03/2020 (both dates inclusive)

Finance loan company

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Windscreen Excess

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

Additional Clause 1

This policy plan should read as Flexi+ Late renewal refer GA179492

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company, if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate. endorsement etc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 3



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0133640A



200



LOH NGIAP HIN

盧

Race CHINESE

Date of birth 16-08-1948

Country/Place of birth

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



5657277



c №. SO133640A



Date of issue 07-10-2016

*21 LORONG LEW LIAN #04-02 SINGAPORE 536467



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:	06/08/19					
To: O	wner of Vehicle Number:	SMAJOR	_			
The fo	ollowing has been advised	to you via your workshop,	My UN MY	or only	my through their staff,	
Please tick the applicable box if you had been advised on any of the following:						
(——	You had been advised by is a Fourteen (14) days c of occurrence.	the workshop that in the case lause whereby the claim must	e that you wish to be made within t	claim agai the stipulate	nst your own policy, there ad timeframe from the day	
()	You had been advised by	the workshop on the liability	and merits of the	case accor	dingly.	
()	You had been advised by due to this accident.	the workshop on the claims p	procedure for the	type of clai	im that you will be making	
()	There will be delay to you option except to indent it	ur vehicle repair due to the un from overseas.	availability of spa	are parts lo	cally and there is no other	
()	placed. If you wish to ca	tion/withdrawal of the Own Da ancel/withdraw the claim, you rectly to the procurement of th	shall bear all co	e the order osts, expen	of spare parts have been ses &/or related charges	
()	The estimated waiting tin arrival time does not inclu	ne for the spare parts to arrive ude the repair period.	e is		The estimated	
()	You will be driving the vel may not be road worthy.	nicle out despite being advised	by the workshop	mechanic/	personnel that the vehicle	
()	For vehicles below three use only original parts to	(3) years old or under warrant repair your vehicle.	y with a local dis	tributor, yo	ur insurance company will	
	For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using <i>any combination</i> of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.					
()	You had been advised be workmanship related to the	y the workshop of the Twelv ne accident.	e (12) months w	arranty for	Own Damage repairs on	
()	with your local distributor	er warranty with a local distribi on any effect to your warranty	prior to making	en advised this Own Da	by the workshop to check amage claim.	
مسك	Others Chim Thina	large om more	ry			
Signe	d and acknowledged by:					
^						
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)						
*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.						
Name and signature of workshop personnel including company stamp						

Date of Accident	. 05-05-2019				
Accident Time	1.15pm.				
Accident Place	· Alone Telok Blangah Heights BIK SSA				
(A)	(Multi-story car parks)				
Vehicle Reg. No.	: SLM 730R				
Vehicle Make \ Model	: Nussan BASHQAI 1.2				
Insurance company	: D/A/m 29-03-19 to 21-03-2020				
Policy No	: GA 339275/1				
Name & IC no. OWNER	: LOH NGIAP HIN SUI33640-A				
Name & IC- no. DRIVER	: Loh Ngiap Hin				
DATE OF BIRTH	: 16-08-1953 1948				
Relationship bet. owner & I	Oriver : Spouse \ Father \ Mother \ son \ daughter Others :				
DRIVER'S Address	.21 Lorong Lew Lian #04-02 (53646T)				
Contact No. DRIVER	: 91443543				
Occupation :	INDOOR \ OUTDOOR (green-musey.				
Fax no \ Email Address :	crossline & smoret. amist. 210%				
Weather & Road Surface	CLEAR RAINNING WET DRY LOW FOOK MY (M)				
Reporting type	: Reporting Only \ Claim Other Party \ Claim Own Ins:				
Other Party Driver's Particulars					
Vehicle Reg. No. : SHA 990	P2G Vehicle Reg. No.:				
Vehicle Make \ Model :	Vehicle Make \ Model:				
Name DRIVER: Wong Suew					
IC no. DRIVER: 5/600938	IC no. DRIVER:				
DRIVER'S contact & add: $\frac{9692}{1}$	DRIVER'S contact & add:				

成 海 序 哆 SENG HWEE MOTOR Bik 1018 Yishun Industrial Park A #01-350 Singapore 768760 Tel: 6755 5205 Fax: 6753 4407 Email: senghweemotor@gmail.com



























